## MULTIPLE DEPENDENT CLAIM FEE CA JLATION SHEET (FOR USE WITH FORM PTO 875)

SERIAL NO 2002

APPLICANT(S)

CLAIMS

FILING DATE

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|          |                   |                | AS FILED   |              |          |      | AFTER<br>1° ACMENDMENT                       |          |          |            | 1            | AFTER  |              |  |
| L        |                   |                | IND.   |              |          | EP.  |  | IND.     |          |            |              |  |              |  |
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|          | 11                |                | <del>-</del>                                     | }            |          |      |  |          |          |            |              |  |              |  |
|          | 12                | -∦-            | <u> </u>   |              |          | {}-  |  |          |          |            |              |  |              |  |
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|          | 21                | 4_             |  |              |          |      |  | 7        |          | ╼╁         |              |  |              |  |
| -        | 22                | <del>-</del>   |  |              |          |      |  |          |          |            |              | ╌╂╌  |              |  |
|          | 23                | <del> </del> _ |  | - -          | ·        |      |  |          |          | 7          |              | $\dashv$   |              |  |
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|          | 26                | ╢              | <u> </u>   | - -          |          | -  - | <u>.                                    </u> |          |          |            |              | 7  |              |  |
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|          | 28                | ╢              |  | ┪            |          | -    | ·  | _ _      |          |            |              |  |              |  |
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|          | 4                 |                |  |              |          |      |  |          |          | ╢╌         |              |  |              |  |
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| TOT   |            |              | ECHAPING THE                                     | 500   |              | -        | (DE)           |          |               | <b>♦</b> □ |          |  |  |
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